

HEALTH

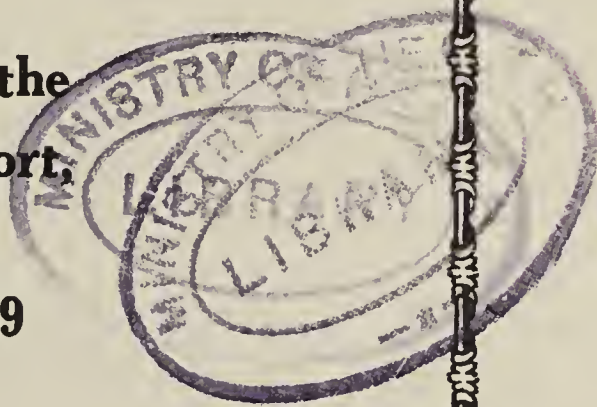
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Annual Report

On the Health of the
Borough of Newport,
Isle of Wight,
for the year 1949



BY

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Medical Officer of Health.

PRESENTED TO THE CORPORATION
THROUGH THEIR COMMITTEE.

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BOROUGH OF NEWPORT, I.W.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1949.

COUNTY HALL,
HIGH STREET,
NEWPORT, I.W.
September, 1950.

*To His Worship the Mayor, and to the Aldermen and
Councillors of the Borough of Newport,
Isle of Wight.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the health of the Borough of Newport for the year 1949.

The birth-rate decreased by 3·2 per thousand of the population and the death-rate increased by 2·1 per thousand.

The infantile mortality rate increased by 10·2 and was more than the rate for England and Wales generally by 3·2.

There was an increase in the number of Infectious Disease notifications, the figure being 412 compared with 193 the previous year.

The falling Birth-rate is a matter of some concern, but it is not surprising in view of the grave economical and social hazards involved in parenthood. Young people contemplating marriage are daunted by the prospect of living with in-laws, or strangers in various degrees of overcrowding. A difficult period of readjustment is rendered more difficult by the absence of privacy and a true home of one's own. Dark, damp, overcrowded houses with more than one family thrown together are producing a state of nervous tension and exhaustion in both men and women which is reflected in the number of cases of neurosis seen by the medical practitioners.

The councils are doing everything in their power to provide excellent, well appointed and well built houses for

all the families in their area but the necessary rate of supply is so slow that a long vista of years of waiting is the best that can be offered in many cases to those who are expected to produce the future citizens.

Mixed families living together get on "each other's nerves." The harassed mother in many cases is prone to "take it out" of her husband and children. This unhappiness in the home frequently drives the husband to the "pub" and the children to the psychiatrist.

Not until there are good houses for everyone, together with a good standard of living, measured in terms of good food, exercise and contentment, and not by the possession of a radiogram or television set, will we expect to see a significant increase in the birth-rate.

FOOD HYGIENE.

The Department continues to educate food handlers on the hygiene of food, by talks, literature and demonstration. Conditions in food shops have improved but there are still many offenders. The public, themselves, who are the victims if food is contaminated, can do much to help the Clean Food Campaign. If they are served in a restaurant with badly cracked cups with lip-stick round the edge, dirty knives, forks with the residue of a previous meal still adherent between the prongs, they should send them back. There seems great reluctance on the part of the customer to take such action.

PROBLEM FAMILIES.

The Borough contains a number of families, discussed by Professor Stevenson under Problem Families in his Social Medicine.

A strict connotation is to be understood by the term "problem family" though accurate definition is difficult so that incidences as calculated by different observers are hardly comparable from area to area. The essential feature of a problem family is that the standard of living is shocking and that the parents make no effort to improve these conditions; there are not even low standards which they strive to attain.

Such homes are dirty, far beyond scrupulous cleanliness. The bedding is foul and unemptied chamber pots or tins in lieu are commonplace. When a window is broken or a piece of furniture collapses, nothing is done about it. Floors are either bare or the covering tattered and they are

filthy and engrained with tramped in food and human and animal excreta. Such families frequently keep three or four dogs and cats in various stages of emaciation. The animals sleep on or in the beds with their human occupants and pass their excreta upon the bedding, floors, stairs, etc.

Furniture is of the scantiest and sleeping arrangements totally inadequate so that ages and sexes are not separated and the floor has to serve for those who cannot crowd into the rickety beds.

Cookery arrangements are primitive and often hired apparatus has been removed for non-payment. In any event cooking is of the simplest and seldom advances beyond making tea.

The type of people who make such homes are remarkable and their behaviour is more so. The children are unkempt, dirty and intermittently verminous so that they are well known to the School Authorities. They usually suffer from chronic catarrh and they are strangers to handkerchiefs. The parents are shiftless and indolent but while they neglect their children, deliberate cruelty has not been shown to be characteristic. Many children from the most disorderly

homes are perfectly happy. The importance of the irresolute and inco-ordinate way in which the family acts has been stressed. Nothing is kept in its own fixed place. While one member of the family prepares a meal, the rest of the family watch idly and make no attempt to help. Joint action in any project is impossible. Arrangements or planning for the morrow is impossible. Money is spent as soon as it is available and spent unwisely. Meals are eaten at irregular intervals and there is a tendency for each to feed when he feels inclined.

In such a family time means little. The children are late for school and late in bed. The wage earner often loses a day for bad time-keeping. Usually such people are not proud and will readily agree that improvements are necessary, but will raise all sorts of difficulties, promise to do better and quietly forget a visit from the M.O.H., Sanitary Inspector or Social Worker.

While a majority of these families are living on a low income and the wage earner is commonly unskilled, money is by no means the commonest determining factor. Their neighbours can manage on the same income to make decent homes and many families on smaller incomes are not in need of constant supervision.

Problem families may come into being as the result of the union of two persons of average intelligence but in a substantial number of these families their plight is determined by low intelligence in the parents, especially that of the mothers. A mother of low mentality needs everything in her favour if she is to make any shape at a decent home.

The prevention of such families is difficult. General improvement in social conditions, social insurance and the widening of the scope of social and medical services leave such families relatively unaffected.

Those families due to low intellectual ability should not exist, the females being supervised and controlled under the Mental Deficiency Acts.

The education of children in the accomplishments which help to build homes should counterpart to a considerable degree the passing on from generation to generation of the habits acquired in an atrocious environment.

Activities appropriate more or less directly to character forming, especially towards unselfish service for others such as Girl Guides, is likely to do much good.

It is very much easier to help a family before it has completely collapsed. Every effort must be made to find families in trouble as early as possible. All Local Authority Officers, voluntary workers, clergymen, policemen, probation officers, landlords, etc. have or should have an understanding of this social question.

The first step towards helping a problem family is to analyse as far as possible the causes which have led to such a state.

It is essential if at all possible that the family should be preserved as a family.

It is so easy to pay lip service to the conception of the family as the proper place for bringing up children, even if it is bad, on the assumption that the alternatives are likely to be no improvement, and then to take steps to take the children away as a simple obvious measure.

The children and the parents need to be treated as a family unit. The confidence of the parents must be gained. An organised descent on the house by "experts" to study the "specimens" is not the best way to begin.

The person who is likely to know the family best and who should continue to visit the family for years, and certainly after the concentrated effort to get the home going again is the Health Visitor.

The Health Visitor is the logical person to gain the confidence of the family and to persuade the members to take the first few difficult steps in co-operation. She is less likely to strike a false note or raise suspicions of organised interference than an outsider.

There are nine such families under observation in Newport.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

JOHN MILLS,

Medical Officer of Health.

PUBLIC HEALTH OFFICERS, 1949.

Medical Officer of Health—

JOHN MILLS, M.D., CH.B., M.R.C.S. (ENG.), L.R.C.P.
(LOND.), D.P.H.

Senior Sanitary Inspector and Meat & Food Inspector—

F. K. AZE, C.S.I.B., M.S.I.A.

Additional Sanitary Inspector—

R. A. HALLETT, M.R.S.I., M.S.I.A.

GENERAL STATISTICS.

Area (in acres)	...	...	...	...	...	15,530
Population (Registrar General's Figures)	...					19,650
Number of Inhabited Houses (end of 1949) per rate books	...	...	...	...	...	5,200
Rateable Value	...	...	...	...	...	£139.120
Sum represented by a Penny Rate	...	...				£549

EXTRACTS FROM VITAL STATISTICS.

Live Birth rate per 1000 of the estimated resident population	...	...	...	...	...	14.5
Still Birth Rate per 1000 total (live and still) births						34.0
Death Rate per 1000 of the estimated resident population						12.3
Deaths from diseases and accidents of pregnancy and childbirth :—						

Rate per 1000 total (live and still births)	...	Nil.
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Death Rate of Infants under 1 year of age :—

All infants per 1000 live births	35.2
Legitimate infants per 1000 legitimate live births			37.9
Illegitimate infants per 1000 illegitimate live births	...	...	Nil.
Deaths from Cancer (all ages)	...	...	40
Deaths from Measles (all ages)	...	...	Nil.
Deaths from Whooping Cough (all ages)	...	...	Nil.
Deaths from Diarrhoea (under 2 years of age)	...		Nil.

BIRTHS.

The total number of live births was 284 of which 264 were legitimate and 20 illegitimate. The live birth rate was 14·5 per 1000 living ; the birth rate for England and Wales being 16·7.

DEATHS.

The total number of deaths was 241 which gives a death rate of 12·3 per 1000 of the estimated resident population, the death rate for England and Wales being 11·7

INFANT MORTALITY.

The Infantile Mortality rate was 35·2 per 1000 registered live births ; the rate for England and Wales generally was 32·0.

WATER SUPPLIES.

5130 dwellinghouses with an estimated population of 20,012 are supplied with water from Corporation water mains. An abundant supply of water was available throughout the year from Idlecombe, Bowcombe and Carisbrooke.

Six samples of water were taken for chemical analysis and all were found to be satisfactory. The following samples were taken for Bacteriological examination during the year.

<i>Source</i>	<i>No. of Samples Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Idlecombe ...	4	4	Nil
Bowcombe ...	26	22	4
Carisbrooke ...	6	6	Nil
39 Quay Street	2	2	Nil

The presence of Coli organisms were indicative of pollution and a survey of the Bowcombe and Plaish areas has revealed that the drainage and sewage disposal methods are most unsatisfactory. This matter is now receiving special attention by the Council. All supplies are chlorinated and the Borough Engineer has been recommended to increase the residual chlorine content.

SWIMMING POOLS.

Bacterological examination of the water in the Public and private swimming pools was satisfactory in all cases.

DRAINAGE AND SEWERAGE.

Renewal and repair of drainage systems have been continued throughout the year.

HOUSING.

Number of houses inspected under the Housing and Public Health Acts—240.

Number of informal notices served for structural repairs—240.

Number of Statutory Notices served—4. This is a decrease of 28 on the previous year and every effort is made to avoid Statutory action.

A number of houses are unfit for human habitation and the shortage of alternative accommodation makes it impossible to order their demolition or closure. In such cases only an essential minimum of repair work is demanded.

GENERAL HEALTH MATTERS.

Number of visits under the Public Health Acts—682.

Number of visits and inspections to Farms, Dairies, Bakehouses, Slaughterhouses, Food Shops and Food Stores—783.

Miscellaneous visits—568.

FACTORIES ACT, 1937.

Following is the report in respect of matters under Part I and Part VIII of the Act which are administered by the Council :—

PART I OF THE ACT.**INSPECTIONS.**

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	35	29	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	131	80	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	47	12	—	—
TOTAL	213	121	2	—

CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	7	7	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	1	1	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
TOTAL ...	13	13	—	1	—

PART VIII OF THE ACT.

OUTWORK.

Nature of work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Lampshades	35	—	—	—	—	—
Other forms of work	—	—	—	—	—	—
TOTAL ...	35	—	—	—	—	—

INSPECTION AND SUPERVISION OF FOOD.

Meat Inspection. The duties of meat inspection continue to take up a good deal of the Sanitary Inspector's time, particularly on account of the increased routine work in connection with post mortem examination for the presence of *Cysticercus Bovis*.

During the year 477 visits were made to the two slaughterhouses in the Borough.

CARCASES INSPECTED AND CONDEMNED.

	Beasts	Calves	Sheep	Pigs	Total
No. Inspected	1994	5219	2856	2388	12,457
No. Killed	1994	5219	2856	2388	12,457
All Diseases except Tuberculosis.					
Whole carcasses condemned ...	6	1	2	6	
Carcases of which some part or organ was condemned ...	1074	8	170	4	
Percentage of the number inspected affected with disease other than Tuberculosis ...	55	—	6	—	
Tuberculosis only.					
Whole carcasses condemned ...	42	—	—	1	
Carcases of which some part or organ was condemned ...	1006	2	—	33	
Percentage of the number inspected affected with tuberculosis	53	—	—	1.4	
		Tons	Cwt.	Qrs.	Lbs.
Total meat condemned	32	0	1	22	
Other Foodstuffs	7	1	1	6	
	39	1	3	0	

In addition 1,803 tins of various foodstuffs were destroyed.

FOOD PREMISES.

The work of improving food preparation premises has been continued throughout the year and traders have co-operated well in carrying out the requirements of the Local Authority. Whilst there is still much room for improvement the general standard compares favourably with that of other similar towns.

ICE CREAM.

11 samples of ice cream were taken for bacteriological examination with the following results. 8 satisfactory. 3 unsatisfactory. Where samples are found to be unsatisfactory investigation is made, advice given and repeat samples taken until satisfactory results are obtained.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The total number of notifications of infectious diseases, was 412 compared with 193 in 1948. Scarlet Fever accounted for 12, Measles for 349. There were no notifications of Diphtheria.

Immunisation against Diphtheria continued throughout the year. Every effort is made to persuade parents to take advantage of this universally acknowledged protective measure against one of the most killing diseases of childhood. All children at the age of 6 months are offered protection and a further "boosting" dose is offered on entry into the infants' schools.

Of the children under 5, 54.5% are immunised and of children of school age, 96.4% are immunised.

INFANTILE PARALYSIS.

3 cases. 1 fatal.

NOTIFIABLE DISEASES (Other than Tuberculosis)

DURING THE YEAR 1949.

Disease.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Smallpox ...	—	—	—
Scarlet Fever ...	12	4	—
Diphtheria ...	—	—	—
Enteric Fever (including Para- typhoid) ...	—	—	—
Puerperal Pyrexia	4	2	—
Pneumonia ...	8	—	—
Ophthalmia Neonatorum ...	—	—	—
Other diseases gen- erally notifiable			
Erysipelas ...	1	—	—
Polio- Encephalitis ...	1	1	—
Cerebro Spinal Meningitis ...	1	1	—
Whooping Cough	29	—	—
Measles ...	349	6	—
Dysentery ...	—	—	—
Malaria ...	—	—	—
Acute Poliomyelitis	3	3	1
Food Poisoning ...	4		
TOTALS	412	17	1

NOTE.—Figures for non-civilians are not included.

AGE AT DATE OF NOTIFICATION.

Age.	Scarlet Fever.	Diphtheria.	Puerperal Pyrexia.	Pneumonia.	Erysipelas.	Enteric Fever.	Food Poisoning	Polio-Encephalitis	Acute Poliomyelitis.	Cerebro Spinal Meningitis.	Whooping Cough.	Ophthalmia Neonatorum	Measles.
Under 1	—	—	—	—	—	—	—	—	—	1	1	—	5
1 and under 2	—	—	—	—	—	—	—	—	—	—	4	—	30
2 " " 3	1	—	—	—	—	—	—	—	—	—	5	—	44
3 " " 4	2	—	—	1	—	—	—	—	—	—	—	—	32
4 " " 5	—	—	—	—	—	—	—	—	—	—	11	—	50
5 " " 10	6	—	—	2	—	—	1	—	2	—	8	—	180
10 " " 15	1	—	—	—	—	—	—	—	—	—	—	—	6
15 " " 20	1	—	—	—	—	—	3	—	—	—	—	—	2
20 " " 35	—	—	4	—	—	—	—	—	—	—	—	—	—
35 " " 45	—	—	—	1	—	—	—	1	—	—	—	—	—
45 " " 65	—	—	—	1	—	—	—	—	1	—	—	—	—
65 and over	1	—	—	3	1	—	—	—	—	—	—	—	—
TOTALS	12	—	4	8	1	—	4	1	3	1	29	—	349

OPHTHALMIA NEONATORUM.

CASES.			Vision un- impaired.	Vision impaired.	Total Blindness.	Death.
Notified.	Treated.					
	At home	In hospital				
—	—	—	—	—	—	—

TUBERCULOSIS, 1949.

AGE PERIODS.	NEW CASES.					DEATHS.				
	Totals	Pulmonary		Non-Pulmonary		Totals	Pulmonary		Non-Pulmonary	
		M.	F.	M.	F.		M.	F.	M.	F.
0 and under 1	—	—	—	—	—	—	—	—	—	—
1 ,, 5	1	—	—	—	1	—	—	—	—	—
5 ,, 10	2	1	—	—	1	—	—	—	—	—
10 ,, 15	2	—	—	2	—	—	—	—	—	—
15 ,, 20	3	—	2	1	—	—	1	—	—	—
20 ,, 25	2	—	2	—	—	—	—	—	—	—
25 ,, 35	5	3	2	—	—	3	1	2	—	—
35 ,, 45	5	3	1	1	—	1	1	—	—	—
45 ,, 55	1	1	—	—	—	1	1	—	—	—
55 ,, 65	1	1	—	—	—	3	3	—	—	—
65 and over	1	—	1	—	—	—	—	—	—	—
Totals	23*	9	8	4	2	8†	6	2	—	—

*Included in this total are three patients who have been transferred from the mainland.

†Includes one case in which the Death Returns gave the first information, and one case who died from another disease.

NON-NOTIFIABLE INFECTIOUS DISEASES OCCURRING IN SCHOOLS

Mumps	...	...	529	Influenza	...	...	11
Chicken Pox	...	...	8	Influenzal colds	...	...	—
German Measles	...	...	3	Jaundice	...	...	—
Scabies	...	...	—				—
Ringworm	...	...	—				551
Impetigo	...	...	—				—